

UNIVERSITY OF MICHIGAN-FLINT
OFFICE OF THE REGISTRAR
ROOM 266 UNIVERSITY PAVILION
Phone: 810-762-3344
Fax: 810-762-3346

RELEASE OF INFORMATION REQUEST

NAME _____

STUDENT ID#: _____

PLEASE PLACE THE APPROPRIATE YEAR FOR THE SEMESTER LISTED BELOW

FALL _____ WINTER _____

FALL _____ WINTER _____

SPRING _____ SUMMER _____

_____ Please prepare a letter confirming my tentative graduation date and tentative Degree.

*******SPECIAL NOTE: IF YOUR DEGREE HAS ALREADY BEEN POSTED TO YOUR OFFICIAL TRANSCRIPT, YOU MUST ORDER A TRANSCRIPT*******

_____ Please prepare a letter confirming the following data. _____

Write the complete address where the above requested information is to be forwarded.

Student's signature _____

Date of request _____

Completed by _____

Date completed _____

Revised July 2006